

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

H

W-01896A
Holiday Enterprises Incorporated dba Holiday Water
Company
PO Box 309
Tombstone, AZ 85638

RECEIVED

APR 06 2007

AZ CORP COMM
Director Utilities

ANNUAL REPORT

FOR YEAR ENDING

12	31	2006
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FOR COMMISSION USE

ANN 04	06
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PROCESSED BY:

4-9-07 ff

SCANNED

5-14-07

COMPANY INFORMATION

DBA		
Company Name (Business Name) <u>Holiday Enterprises, Inc. Holiday Water Co.</u>		
Mailing Address <u>P.O. Box 309</u>		
<u>Tombstone</u> <small>(City)</small>	<u>Arizona</u> <small>(State)</small>	<u>85638</u> <small>(Zip)</small>
<u>520-457-3975</u> <small>Telephone No. (Include Area Code)</small>	<u>520-457-3350</u> <small>Fax No. (Include Area Code)</small>	 <small>Pager/Cell No. (Include Area Code)</small>
Email Address <u>merlecowan@juno.com</u>		
Local Office Mailing Address <u>P.O. Box 309</u>		
<u>Tombstone</u> <small>(City)</small>	<u>Arizona</u> <small>(State)</small>	<u>85638</u> <small>(Zip)</small>
<u>520-457-3975</u> <small>Local Office Telephone No. (Include Area Code)</small>	<u>520-457-3350</u> <small>Fax No. (Include Area Code)</small>	 <small>Pager/Cell No. (Include Area Code)</small>
Email Address _____		

MANAGEMENT INFORMATION

Management Contact: <u>Merle M. Cowan</u> <u>Manager</u>			
<small>(Name) (Title)</small>			
<u>P.O. Box 309</u> <small>(Street)</small>	<u>Tombstone</u> <small>(City)</small>	<u>Arizona</u> <small>(State)</small>	<u>85638</u> <small>(Zip)</small>
<u>520-457-3975</u> <small>Telephone No. (Include Area Code)</small>	<u>520-457-3350</u> <small>Fax No. (Include Area Code)</small>	 <small>Pager/Cell No. (Include Area Code)</small>	
Email Address <u>merlecowan@juno.com</u>			
On Site Manager: <u>Robert E. Cowan</u>			
<small>(Name)</small>			
<u>P.O. Box 309</u> <small>(Street)</small>	<u>Tombstone</u> <small>(City)</small>	<u>Arizona</u> <small>(State)</small>	<u>85638</u> <small>(Zip)</small>
<u>520-457-3975</u> <small>Telephone No. (Include Area Code)</small>	<u>520-457-3350</u> <small>Fax No. (Include Area Code)</small>	 <small>Pager/Cell No. (Include Area Code)</small>	
Email Address _____			

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: <u>Robert Struse</u>			
(Name)			
<u>6750 N. Oracle Rd</u>	<u>Tucson, AZ</u>	<u>85704</u>	
(Street)	(City)	(State)	(Zip)
<u>520-575-5555</u>	<u>520-575-5555</u>		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)	
Attorney: <u>STEVE WENE</u>			
(Name)			
<u>1850 N. Central Ave. #1100</u>	<u>Phoenix</u>	<u>AZ</u>	<u>85004</u>
(Street)	(City)	(State)	(Zip)
<u>602-604-2189</u>	<u>602-274-9135</u>		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)	

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

OWNERSHIP INFORMATION

Check the following box that applies to your company:

<input type="checkbox"/> Sole Proprietor (S)	<input type="checkbox"/> C Corporation (C) (Other than Association/Co-op)
<input type="checkbox"/> Partnership (P)	<input checked="" type="checkbox"/> Subchapter S Corporation (Z)
<input type="checkbox"/> Bankruptcy (B)	<input type="checkbox"/> Association/Co-op (A)
<input type="checkbox"/> Receivership (R)	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Other (Describe) _____	

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

<input type="checkbox"/> APACHE	<input checked="" type="checkbox"/> COCHISE	<input type="checkbox"/> COCONINO
<input type="checkbox"/> GILA	<input type="checkbox"/> GRAHAM	<input type="checkbox"/> GREENLEE
<input type="checkbox"/> LA PAZ	<input type="checkbox"/> MARICOPA	<input type="checkbox"/> MOHAVE
<input type="checkbox"/> NAVAJO	<input type="checkbox"/> PIMA	<input type="checkbox"/> PINAL
<input type="checkbox"/> SANTA CRUZ	<input type="checkbox"/> YAVAPAI	<input type="checkbox"/> YUMA
<input type="checkbox"/> STATEWIDE		

COMPANY NAME

Holiday Enterprises Inc.
Holiday Water Co.

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	125,764.69	<93,790. ⁰⁰ >	31,974.69

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME Holiday Water Co.

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises	370. ⁰⁰	5%	19. ⁰⁰
303	Land and Land Rights	750. ⁰⁰	0	0
304	Structures and Improvements			
307	Wells and Springs	718. ⁰⁰	5%	36. ⁰⁰
311	Pumping Equipment	9405. ⁰⁰	5%	470. ⁰⁰
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains	24587. ⁰⁰	5%	1229. ⁰⁰
333	Services	3982. ⁰⁰	5%	199. ⁰⁰
334	Meters and Meter Installations	14055. ⁰⁰	5%	703. ⁰⁰
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	797. ⁰⁰	25%	1. ⁰⁰
341	Transportation Equipment	5200. ⁰⁰	25%	1300. ⁰⁰
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	59,864.⁰⁰		3957.⁰⁰

This amount goes on the Comparative Statement of Income and Expense _____
Acct. No. 403.

COMPANY NAME

*Holiday Water Co.***BALANCE SHEET**

Acct No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 6462.60	\$ 2006.27
134	Working Funds		
135	Temporary Cash Investments	3293.55	3774.00
141	Customer Accounts Receivable	5443.36	4671.94
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 9379.51	\$ 10452.21
	FIXED ASSETS		
101	Utility Plant in Service	\$ 125764.69	\$ 126204.69
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	< 89833.00 >	< 93790.00 >
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 35931.69	\$ 32414.69
	TOTAL ASSETS	\$ 45311.20	\$ 42866.90

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME	<i>Holiday Water Co.</i>
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BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITIES		
231	Accounts Payable	\$ 1573.51	\$ 4073.51
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes	934.14	1017.65
237	Accrued Interest	648.14	36.90
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$ 3155.79	\$ 5128.06
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$ 0	\$ 0
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction	0	0
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction	10501.04	10989.04
272	Less: Amortization of Contributions	< 3566.00 >	< 4542.00 >
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 4000.00	\$ 4000.00
211	Paid in Capital in Excess of Par Value	300.00	300.00
215	Retained Earnings	39866.41	39866.41
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$ 44166.41	\$ 44166.41
	TOTAL LIABILITIES AND CAPITAL	\$	\$

COMPANY NAME

*Holiday Water Co***COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 54,876.98	\$ 56,137.42
460	Unmetered Water Revenue		
474	Other Water Revenues	460.00	480.00
	TOTAL REVENUES	\$ 55,336.98	\$ 56,739.35
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 9,338.66	\$ 36,593.59
610	Purchased Water	945.49	0
615	Purchased Power	6,441.02	3,004.52
618	Chemicals		
620	Repairs and Maintenance	<11.87>	197.68
621	Office Supplies and Expense	1,349.32	2,383.06
630	Outside Services	27,296.85	7,723.45
635	Water Testing	1,055.00	5,697.74
641	Rents		
650	Transportation Expenses	1,082.00	0
657	Insurance – General Liability	1,244.60	1,395.80
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	795.93	648.18
403	Depreciation Expense	3,724.00	3,469.00
408	Taxes Other Than Income	<2.89>	
408.11	Property Taxes	26,808.83	25,856.7
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 55,938.94	\$ 63,698.69
	OPERATING INCOME/(LOSS)	\$	\$
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$ 251.05	\$ 361.93
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses	50.00	50.00
427	Interest Expense	12.30	42.06
	TOTAL OTHER INCOME/(EXPENSE)	\$ 313.35	\$ 453.99
	NET INCOME/(LOSS)	\$	\$

COMPANY NAME Holiday Water Co.

SUPPLEMENTAL FINANCIAL DATA
Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End \$ _____

Meter Deposits Refunded During the Test Year \$ _____

COMPANY NAME	<i>Holiday Water Co</i>
Name of System	ADEQ Public Water System Number (if applicable)

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
<i>39-0002197</i>	<i>20 HP</i>	<i>110 GPM</i>		<i>8"</i>	<i>4"</i>	

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
<i>Mutual Backup/Tie in with city of Tombstone</i>		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
<i>15</i>	<i>1</i>		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
<i>20,000</i>	<i>1</i>	<i>2000</i>	<i>1</i>

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	<i>Holiday Water Co.</i>
Name of System	ADEQ Public Water System Number (if applicable)

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2	<i>Galv.</i>	<i>580</i>
3	<i>Transite</i>	<i>4150</i>
4	<i>Transite</i>	<i>8630</i>
5		
6	<i>Transite</i>	<i>4980</i>
8		
10		
12		
<i>1 1/2"</i>	<i>Galv.</i>	<i>2374</i>
<i>2"</i>	<i>PVC</i>	<i>4430</i>
<i>3"</i>	<i>PVC</i>	<i>3100</i>
<i>4"</i>	<i>PVC</i>	<i>7460</i>

CUSTOMER METERS

Size (in inches)	Quantity
<i>5/8 X 3/4</i>	<i>156</i>
<i>3/4</i>	
<i>1</i>	
<i>1 1/2</i>	
<i>2</i>	<i>1</i>
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	
	<i>157</i>

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: <i>Holiday Water Co.</i>	
Name of System	ADEQ Public Water System Number (if applicable)

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2006

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	154	919,140	No	—
FEBRUARY	154	1,040,130	master	—
MARCH	154	1,093,390	meter	—
APRIL	154	1,186,210	S	—
MAY	154	1,699,390		—
JUNE	155	1,919,350		—
JULY	159	1,580,240		—
AUGUST	157	1,192,160		—
SEPTEMBER	158	1,103,430		—
OCTOBER	157	1,006,560		—
NOVEMBER	157	1,201,930	—	
DECEMBER	157	928,480	—	
TOTALS →		14,870,410		

What is the level of arsenic for each well on your system? 0.007 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? N/A GPM for hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
☐ Yes ☒ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
☐ Yes ☒ No

Does the Company have an ~~ADWR~~ Gallons Per Capita Per Day (GPCPD) requirement?
 () Yes (☒) No

If yes, provide the GPCPD amount:

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME Holiday Water Co. YEAR ENDING 12/31/2006

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2006 was: \$ 2585.67

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

VERIFICATION
AND
SWORN STATEMENT
Taxes

RECEIVED

APR 06 2007

AZ CORP COMM
Director Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<u>Cochise</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Patti M. Bright - manager</u>
COMPANY NAME	<u>HOLIDAY ENTERPRISES, INC.</u>

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

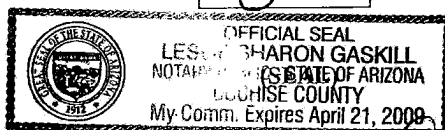
Patti M. Bright
SIGNATURE OF OWNER OR OFFICIAL
520-457-3975
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 3rd DAY OF

COUNTY NAME	<u>Cochise</u>
MONTH	<u>April</u>
	<u>2009</u>



MY COMMISSION EXPIRES April 21, 2009

Sharon Gaskill
SIGNATURE OF NOTARY PUBLIC

COMPANY NAME Holiday Water Co. YEAR ENDING 12/31/2006

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported 6
Estimated or Actual Federal Tax Liability _____

State Taxable Income Reported _____
Estimated or Actual State Tax Liability _____

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances _____
Amount of Gross-Up Tax Collected _____
Total Grossed-Up Contributions/Advances _____

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

Merle M. Cowan
SIGNATURE

4-2-07
DATE

Merle M. Cowan
PRINTED NAME

OWNER
TITLE

VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only

RECEIVED

APR 06 2007

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<u>Cochise</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Patti M. Bright - manager</u>
COMPANY NAME	<u>HOLIDAY ENTERPRISES, Inc.</u>

AZ CORP COMM
Director Utilities

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2006</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2006 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 60299.48

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ - 3560.13
IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 3rd DAY OF



OFFICIAL SEAL
LESLIE SHARON GASKILL
NOTARY PUBLIC - STATE OF ARIZONA
COCHISE COUNTY
My Comm. Expires April 21, 2009

MY COMMISSION EXPIRES April 21, 2009

Patti M. Bright
SIGNATURE OF OWNER OR OFFICIAL
520-457-3975
TELEPHONE NUMBER

COUNTY NAME	<u>Cochise</u>
MONTH	<u>April</u>
	<u>2007</u>

Leslie S. Gaskill
SIGNATURE OF NOTARY PUBLIC

VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
Intrastate Revenues Only

RECEIVED

APR 06 2007

AZ CORP COMM
Director Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	Cochise	
NAME (OWNER OR OFFICIAL)	Patti M. Bright	TITLE Manager
COMPANY NAME	HOLIDAY ENTERPRISES, INC.	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2006 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ 60299.48

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 3560.13
IN SALES TAXES BILLED, OR COLLECTED)

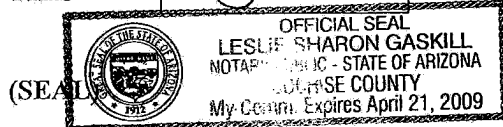
*RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.

Patti M. Bright
SIGNATURE OF OWNER OR OFFICIAL
520-457-3975
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 3rd DAY OF



MY COMMISSION EXPIRES

April 21, 2009

NOTARY PUBLIC NAME	Leslie S. Gaskill	
COUNTY NAME	Cochise	
MONTH	April	2007

Leslie S. Gaskill
SIGNATURE OF NOTARY PUBLIC

**HOLIDAY WATER COMPANY
HOLIDAY ENTERPRISES, INC.**

BOX 309 PH. 520-457-3350
TOMBSTONE, AZ 85638

3724

91-170/1221

PAY
TO THE
ORDER OF

Marsha Bonham

Oct 12 10/2006

\$ 1250.56

One Thousand Two hundred fifty

56/100

DOLLARS

Bank of America

Tombstone Branch 08425
508 Allen St.
Tombstone, AZ 85638
257-0001 In Phoenix, 1-800-284-8491 Nationwide

06
FOR *PID 912-40-100-4*

Robert E. Cowan

⑈003724⑈ ⑆122101706⑆

011⑈061757⑈

⑈0000125056⑈

⑈003554⑈ ⑆122101706⑆

⑈003554⑈ ⑆122101706⑆

FOR *912 40 100 4 05*

257-0001 In Phoenix, 1-800-284-8491 Nationwide
Tombstone, AZ 85638

508 Allen St.
Tombstone Branch 08425

Bank of America

One Thousand Three hundred & Thirty Five dollars & 13/100-DOLLARS

Marsha Bonham, Cochise County Treasurer \$ 1335.11

4-26-06 19

91-170/1221

**HOLIDAY WATER COMPANY
HOLIDAY ENTERPRISES, INC.**
BOX 309 PH. 520-457-3350
TOMBSTONE, AZ 85638

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SPECIAL AGENT IN CHARGE
 FBI NEW YORK
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